

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)	MAIL STOP RCE
Nils-Olof Johansson)	
Application No.: 10/583,317)	Group Art Unit: 1618
Filing Date: June 15, 2006)	Examiner: LEAH H SCHILIENTZ
Title: MRI CONTRAST MEDIUM)	Confirmation No.: 3220
COMPOSITION FOR ORAL)	
ADMINISTRATION)	

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer Number **21839**

Sir:

Applicant(s) requests continued examination under 37 C.F.R. § 1.114 of the above-identified application.

1. ☐ a. Applicant(s) requests that any previously unentered after final amendments **not** be entered. Continued examination is requested based on the enclosed documents identified in item 1.c. below.
- ☐ b. Applicant(s) previously submitted the following document(s) for which continued examination is requested:
 - ☐ i. Consider the amendment previously filed on _____.
 - ☐ ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.
 - ☐ iii. Other: _____
- ☒ c. The following documents are enclosed with this submission:

<input checked="" type="checkbox"/> i. Amendment/Reply	<input checked="" type="checkbox"/> iv. Petition for Extension of Time
<input type="checkbox"/> ii. Affidavit(s)/Declaration(s)	<input type="checkbox"/> v. Other:
<input type="checkbox"/> iii. Information Disclosure Statement	
2. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed three months. **Fee under 37 CFR § 1.17(i) required.**)

3. ☒ **The RCE fee under 37 CFR § 1.17(e) is required by 37 CFR § 1.114 when the RCE is filed.** The fee is calculated below on the basis of the highest number of claims previously paid for in this application prior to this submission.

					FEES
RCE Fee (1801)					\$ 810
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	
Total Claims	12	22	0	x 52 (1202)	\$ 0
Independent Claims	2	3	0	x 220 (1201)	\$ 0
Total Fee					\$ 810
<input checked="" type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Application Fee					\$ - 405
TOTAL APPLICATION FEE DUE					\$ 405


4. ☐ Charge _____ to Deposit Account No. **02-4800** for the fee due.
5. ☒ Charge \$ 405 to credit card for the fee due.
6. ☒ The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800.

Respectfully submitted,

BUCHANAN INGERSOLL & ROONEY PC

Date: May 7, 2010

By: _____


Roy Roberts
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